

225/274-4302  
FAX: 225/274-4314

July 22, 2005

## **M E M O R A N D U M:**

**TO: ALL SECTION 5310 ELDERLY & DISABLED TRANSPORTATION PROVIDERS  
SECTION 5311 RURAL TRANSPORTATION PROVIDERS AND  
JOB ACCESS REVERSE COMMUTE TRANSPORTATION PROVIDERS**

**FROM: LA-DOTD PUBLIC TRANSPORTATION SECTION  
HAROLD BECK, SECTION 5310 PROGRAM MANAGER  
MICHELLE HORNE, SECTION 5311 ACTING PROGRAM MANAGER  
DONNA LAVIGNE, SECTION 3037 AND 5309 ASSISTANT ADMINISTRATOR**

**RE: Fiscal Year 2005 - 2006 FTA ANNUAL COMPLIANCE REVIEW**

Attached is the Annual Compliance Review for fiscal year July 1, 2005 through June 30, 2006. The questionnaire is sent each year with appropriate changes and/or updates. In order to be in compliance with the Federal Transit Administration's (FTA) Agency Review Mandate, you must provide all information requested.

The questionnaire is for Sections 5310 (Elderly & Disabled) , Section 5311 (Rural Public Transportation), Section 5309 (Discretionary Capital), and Section 3037 (JARC) programs. If you receive funding from Section 5310, Section 5311, Section 5309, and Section 3037 please respond to all questions.

If you are a Section 5310 recipient only (i.e. receive **no** Section 5311 or Section 3037 operating assistance), there will be specific questions that **will not** pertain to your organization, therefore you will indicate that it is not applicable (N/A) to you. The questions that **do not** apply to 5310 are clearly marked for Section 5311 or Section 3037 only.

**The deadline for the questionnaire and its attachments to be returned to this office is Thursday, September 1, 2005.** Please note that page one (2) is part of the questionnaire and must be filled in also. Include your agency name on this page as indicated and complete the check off list provided before returning the questionnaire to us. Please be sure to sign the verification form on page 38 at the end of the document.

If you have any questions, please call Harold Beck for Section 5310 at 225/274-4306 or Michelle Horne for Section 5311 at 225/274-4309 or Donna Lavigne for Section 3037 at 225/274-4302.

**LOUISIANA DEPARTMENT OF TRANSPORTATION & DEVELOPMENT - PUBLIC TRANSPORTATION SECTION  
ANNUAL COMPLIANCE REVIEW FOR FISCAL YEAR JULY 1, 2005 - JUNE 30, 2006**

**For the Following Programs**

**Section 5309 Discretionary Capital**

**Section 5311 Rural Public Transportation Program**

**Section 5310 Elderly and Persons w/Disabilities Program**

**Section 3037 Job Access and Reverse Commute**

**Your Agency Name:**

**Check Off Attached Items**

An (\*) asterisk by the numbered question in each section indicates that an attachment has been requested. Check off below and label the attachments as "Exhibit #1 thru #26 in accordance with the following: (If the attachment does not pertain to your program, indicate not applicable.)

**\*\*PLEASE TYPE ALL RESPONSES\*\***

<b>Exhibit No.</b>	<b>Descriptions</b>	<b>/</b>
1	LEP Policy	<input type="checkbox"/>
2	Current Vehicle Inventory Printout	<input type="checkbox"/>
3	Written Transportation Goals	<input type="checkbox"/>
4	Fare Schedule/Rates, etc.	<input type="checkbox"/>
4.1	JARC Passenger Qualification Form	<input type="checkbox"/>
5	Transportation Providers in your area (phonebook copy & your list)	<input type="checkbox"/>
6	Charter Procedures <b>(Sec. 5311 Only)</b>	<input type="checkbox"/>
7	Vehicle Maintenance Plan	<input type="checkbox"/>
7.1	Pre-Trip Inspection Form	<input type="checkbox"/>
7.2	Lease Agreement	<input type="checkbox"/>
7.3	Maintenance Schedules	<input type="checkbox"/>
7.4	Maintenance Records	<input type="checkbox"/>
8	Proof of Insurance Coverage (FTA Program Vehicles Only) <b>L MANDATORY7</b>	<input type="checkbox"/>
9	Drivers & Transportation Personnel Procedures with ADA Procedures	<input type="checkbox"/>
10	Current Organizational Chart	<input type="checkbox"/>
11	Cost Allocation Model <b>(Sec. 5311 &amp; JARC Only)</b>	<input type="checkbox"/>
12	Financial Management Procedures <b>(Sec. 5311 &amp; JARC Only)</b>	<input type="checkbox"/>
13	Inkind Contributions Documents <b>(Sec. 5311 &amp; JARC Only)</b>	<input type="checkbox"/>
14	Current Facilities Appraisal <b>(Sec. 5311 &amp; JARC Only)</b>	<input type="checkbox"/>
15	Current Drug & Alcohol Compliance Certification <b>(Sec. 5311 &amp; JARC Only)</b>	<input type="checkbox"/>
16	MRO=s Qualifications	<input type="checkbox"/>
17	SAP=s Qualifications	<input type="checkbox"/>
18	Drug & Alcohol Policy	<input type="checkbox"/>
19	Marketing Components <b>(Sec. 5311 &amp; JARC Only)</b>	<input type="checkbox"/>
20	Written Transportation Service Policy <b>(Sec. 5311 &amp; JARC Only)</b>	<input type="checkbox"/>
21	Complaint Resolution Procedures	<input type="checkbox"/>
21.1	Documents Promoting Minority Population	<input type="checkbox"/>
22	Job Posting	<input type="checkbox"/>
23	Personnel Policy with EEO Policy	<input type="checkbox"/>
24	Job Application & Employment Notices	<input type="checkbox"/>
25	DBE Compliance Documents <b>(Sec. 5311 Only)</b>	<input type="checkbox"/>
26	Misc./Other Information (for your use)	<input type="checkbox"/>

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**LA DOTD - PUBLIC TRANSPORTATION SECTION  
ANNUAL COMPLIANCE REVIEW  
FTA SECTIONS 5309, 5310, 5311 and 3037 PROGRAMS**

**The purpose of this annual review is to provide program management with information necessary to comply with the Federal Transit Administration (FTA) State Agency Review Mandate. The Red Administrative Handbook will assist with some of the questions and you may call at any time you need clarification. Please read each question carefully and refer to the regulations if you are not sure how to answer. We would rather have too much information, than not enough.**

**SECTION I - AGENCY INFORMATION (ALL AGENCIES)**

1. Agency Name:  AGENCY FEDERAL TAX I.D. #   
Director's Name:  Assistant (to the Director):   
Financial Mgr/Bookkeeper (Section 5311 & JARC Only):   
Mailing Address:   
  
  
Physical Address:   
Provide brief directions to your physical location coming from Baton Rouge:   
  
Administrative Office Operating Hours:  AM to  PM  
Transit Service Operating Hours:  AM to  PM  
Transit Service Days of Operation (days of the week)   
JARC Service Operating Hours:  AM to  PM  
JARC Service Days of Operation (days of the week)   
Administrative Telephone # (Please Include are code):  FAX #:   
Public Transportation Phone # (Please Include are code):  FAX #:  (for Section 5311Only)  
E-MAIL Address:
2. Agency Type: (check one)  
☐ Public (City/Town/Parish/State) ☐ Public-Non-Profit ☐ Private-For-Profit  
☐ Private-Non-Profit ☐ Other/specify
3. Transportation Coordinator (contact person):  Phone # (Please Include are code):
4. Explain your process to improve access to service for persons with limited English proficiency: **Exhibit #1 Attach Policy**
5. Name of Preparer:  Phone # (Please Include are code):

## SECTION II - FLEET CHARACTERISTICS (ALL AGENCIES)

\*1.Number and type of transportation vehicle(s) in service: (Do not count driver. Include disposed vans **only** if they are presently in service on a regular basis)

	PROGRAM	# OF SEATS	WITH LIFT	W/OUT LIFT	TOTAL VANS
a.	Section 5310 - Elderly & Disabled	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b.	Section 5309 - Discretionary	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c.	Section 5311 - Rural	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
d.	State Vehicle	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
e.	Local Vehicle	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<b>TOTALS</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Exhibit #2 Attach copy of current printout of Vehicle Inventory

2. Number of vehicles in service (odometer reading in miles):(include disposed vehicles **only** if they are presently in service on a regular basis)

a.	49 U.S.C. #5311	<input type="text"/>	0-50,000	<input type="text"/>	100,001-125,000
		<input type="text"/>	50,001-75,000	<input type="text"/>	125,001-150,000
		<input type="text"/>	75,001-100,000	<input type="text"/>	over 150,000
b.	49 U.S.C. #5310	<input type="text"/>	0-50,000	<input type="text"/>	100,001-125,000
		<input type="text"/>	50,001-75,000	<input type="text"/>	25,001-150,000
		<input type="text"/>	75,001-100,000	<input type="text"/>	over 150,000
c.	Other	<input type="text"/>	0-50,000	<input type="text"/>	100,001-125,000
	(State & Local)	<input type="text"/>	50,001-75,000	<input type="text"/>	125,001-150,000
		<input type="text"/>	75,001-100,000	<input type="text"/>	over 150,000

3. Do you have pending FTA capital equipment that has been approved through Sections 5309, 5310, or 5311 programs? ☐ Yes ☐ No If yes, describe the equipment and indicate the program it was approved through.

4. Are procedures in effect to provide "back-up" transportation when regular vehicles are out of service?  
☐ Yes ☐ No If yes, briefly describe:

## SECTION II - FLEET CHARACTERISTICS (Cont=d) (ALL AGENCIES)

5. Type of Service (check only one applicable service)

☐ Demand-Response:

Any system of transporting individuals, including but not limited to providing designated public transportation service or specified public transportation service by vehicle at the **request of the user**. (i.e. if your route depends on passenger reservation and may change due to cancellation. This includes subscription service, advanced reservation, route deviation or call and receive a ride the same day service).

☐ Fixed-Route:

A system of transporting designated or specified public transportation services along a prescribed route according to a fixed schedule without an advanced request by a passenger to ensure that service is provided. (i.e. where you have a set route you run every day regardless if you have riders or not).

☐ Other: (specify)  (Note: Most of you provide demand response service only.)

6. Have you sold or disposed of any FTA-funded vehicles in the past year? ☐ Yes ☐ No. If yes: Please list the vehicles: (See page D-3 of the Red Administrative Handbook)

Give method used to dispose (i.e. sealed bids, disposed to private fleet, private auction).

7. What procedures and practices are used to prevent loss, damage, or theft of property and inventory? (Examples: Procedures include insurance, locks on doors, controlled access to supplies, fencing, lighting, inventory and tagging of all equipment, and annual physical inventories that are reconciled to inventory lists. )

## SECTION III- SERVICE CHARACTERISTICS(ALL AGENCIES)

1. To whom does the director report? (check all that apply)

☐ Board of Directors

☐ Parish Council/Police Jury

☐ City/Town

☐ Other/specify

☐ Does the authority reflected in #1 receive any transportation orientation? ☐ Yes ☐ No

If so what?

2. Provide a brief description of your transportation system.

\*3. Do you have written transit system goals? ☐ Yes ☐ No If so, attach a copy. (**Exhibit #3**)

4. 49 U.S.C. #5311 funds can be used to support 49 U.S.C. #5310 grantees or agencies which serve primarily elderly and disabled individuals if the service is structured to maximize usage by all elderly and disabled persons in the service area and other segments of the general public.

### SECTION III- SERVICE CHARACTERISTICS (Cont'd) (ALL AGENCIES)

- A. On an average daily basis, provide the number of each clientele for:  
 Elderly  Disabled  Gen. Public  JARC  
(provide the number of each clientele served per day)
- B. On an average daily basis, provide the number of one-way passenger trips for:  
 Elderly  Disabled  Gen. Public  JARC  
(provide the number of passenger trips for each clientele)
- C. On a daily basis, provide the number of passengers you provide transportation to for each race listed below:
- |                                       |  |
|---------------------------------------|--|
| <input type="text"/> Caucasian        | <input type="text"/> Native American                     |
| <input type="text"/> African American | <input type="text"/> Hispanic                            |
| <input type="text"/> Asian            | <input type="text"/> Other/specify: <input type="text"/> |

5. Is your service restricted to a particular clientele? ☐ Yes ☐ No. If yes, clarify:
6. If you are a Section 5310 agency, and your service gives priority to elderly and/or disabled individuals, is it in any way restricted from serving the general public on an incidental, space-available basis? ☐ Yes ☐ No  
If yes, clarify:
7. Federal Transit Administration (FTA) transportation assistance/funding is currently obtained through which program(s) below: (check all that apply)
- |                          |                                 |
|--------------------------|---------------------------------|
| <input type="checkbox"/> | SEC 5309, Capital Only          |
| <input type="checkbox"/> | SEC 5311, Capital Only          |
| <input type="checkbox"/> | SEC 5311, Operating Only        |
| <input type="checkbox"/> | SEC 5311, Capital and Operating |
| <input type="checkbox"/> | SEC 5310, Capital Only          |
| <input type="checkbox"/> | SEC 3037, Operating Only (JARC) |
8. Do you receive other transportation assistance funds? (i.e state, parish, federal grants and/or other?)  
☐ Yes ☐ No. If yes, indicate the funding sources:

**Note: Sec. 5310 providers should keep in mind, that most of the funding sources such as DHH, DSS, OMR, OEA etc. include transportation costs in your overall budget allotment, therefore, you should check very carefully before you answer no. Regardless of whether you choose to include transportation expenses in your budget, most of the program funding sources allow you to do so.**

9. A. Service Area: i.e. **where your riders are domiciled**, not where you take them (list cities/towns, parish etc.)

### SECTION III- SERVICE CHARACTERISTICS (Cont'd) (ALL AGENCIES)

B. Do you go outside your parish? ☐ Yes ☐ No. If yes, briefly explain where, frequency and why.

C. Do you cross state lines to provide transportation in your service area or for charter service?

☐ Yes ☐ No.

If yes,

1) Describe service and frequency?

2) Have you registered your vehicle with the Federal Motor Carrier Safety Association (FMCSA)?

☐ Yes ☐ No

**Note:** Please contact the FMCSA to determine if your vehicle requires FMCSA registration. The FMCSA website is: <http://www.fmcsa.dot.gov>

Vehicle (Year, VIN#, size)	Date Contacted FMCSA	FMCSA Registration Required	DOT Number Issued
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

\*10. A. Do you charge fares? ☐ Yes ☐ No. If yes, provide a brief description of your rate/fare schedule and attach a copy of the fare schedule: **(Exhibit #4)**

B. If you charge fares do you post the fare schedule so that it is readily available to anyone?

☐ Yes ☐ No. Briefly tell us where it is posted

11. Types of trips made: (check all that apply) ☐ Medical ☐ Shopping ☐ Recreational ☐ Nutrition ☐ Educational ☐ Personal ☐ Employment ☐ Other (specify)

12. Do you have future plans for expansion or change in your transportation service? ☐ Yes ☐ No. If yes, give brief description.

13. Are any of your SEC 5309, SEC 5310, or SEC 5311 vehicles used for delivery of meals or other goods? ☐ Yes ☐ No. If yes, explain how frequently and how procedures are followed so that delivery does not interfere with regular passenger service.

14. Briefly describe the procedures one follows to schedule a ride on your transportation system.



### SECTION III- SERVICE CHARACTERISTICS (Cont'd) (JARC ONLY)

\*15. **For JARC Only:** How often is the JARC Passenger Qualification form reviewed?

(**Exhibit #4.1** Attach JARC Passenger Qualification Form)

### SECTION IV - COORDINATION EFFORTS AND PRIVATE ENTERPRISE/CHARTER SERVICES (ALL AGENCIES)

1. Is **public transportation** available in your area/parish? ☐ Yes ☐ No. If yes, is it you? ☐ Yes ☐ No  
If no, who?

\*2. Are there other transportation providers (public or private) in your area? ☐ Yes ☐ No Check your telephone book yellow pages under "Transportation" and attach a xerox copy of this page(s). Also attach an up-dated "Transportation Provider" list which should be within your most recent Sec. 5310 or 5311 applications. Sec. 5310's that are in an urban area can also call the area MPO for a list. The additional list provides us with the name of the CEO's, # of vehicles, # of seats and ADA information. (**Exhibit #5**)

3. Including all of your overhead (cost of van ins., gas, oil, repairs/maintenance, salaries, driver training, etc.) what is your transportation program cost on an annual basis? \$  What does it cost you per mile? \$  Per Hour?  (Sec. 5311 Recipients - **Refer to your Annual Cost Allocation Model**)

4. Would you consider contracting with another provider if the contract would save you a significant amount of time and money? ☐ Yes ☐ No Any comments?

5. A. Do you coordinate transportation services with any of the providers on the lists referenced above in question #2? ☐ Yes ☐ No. If yes, identify them:  (attach list as Exh. #25 if needed)

B. If you checked Yes to question #5-A, provide a brief description of the coordinated service:

C. If you checked No to question #5-A, you must provide a detailed explanation justifying why you do not coordinate.

## SECTION V - CHARTER BUS (Section 5311 Only)

FTA defines incidental charter service as charter service which does not interfere with or detract from the provision of public transportation service, is provided only during non-peak hours, does not reduce the useful life of vehicles for public transportation service and recovers fully allocated costs. Coordinated service and subscription service are not considered charter service.

1. Do you presently operate any charter or dedicated transit services? ☐ Yes ☐ No  
If yes, briefly describe service
2. What do you charge for the service? Please describe all the charges, including minimum charges.
3. What are your fully allocated costs?
4. Do your fees recover fully allocated costs? ☐ Yes ☐ No (**Fees must cover fully allocated costs**)
5. What time of the day and days of the week do you provide charter service?   
(Charter service may not detract from public transit service)
6. In the past year, how much money did you earn in charter revenues?
7. Do you keep a record by vehicle of the amount of charter service so that the time and mileage can be subtracted from the use of the vehicle for determining whether the vehicle has met its useful life?  
☐ Yes ☐ No  
(Time spent in charter service may not be counted towards the useful life of an FTA-funded vehicle.)
8. Has your agency examined new or restructured service for opportunities of private enterprise/charter services participation? ☐ Yes ☐ No. If yes, explain
- \*9. Does your agency have written charter procedures? ☐ Yes ☐ No. If yes, attach a copy. (**Exhibit #6**)
10. Have any complaints been filed alleging that your agency is operating charters in violation of the regulations? ☐ Yes ☐ No. If yes, describe
11. Does your agency have a process for handling protests from private providers? ☐ Yes ☐ No.  
If yes, briefly describe policy: (5311's refer to current application manual)

## SECTION VI - SCHOOL BUS (Section 5311 Only)

Grantees are prohibited from providing exclusive school bus service unless the service qualifies under an allowable exemption and is approved by the FTA Administrator. In no case can federally funded equipment or facilities be used to provide exclusive school bus service. Head Start transportation is considered human service transportation, not school bus service.

1. Is exclusive school bus service operated? ☐ Yes ☐ No. If yes does it qualify for one of the three statutory exceptions? ☐  

! The grantee operates a school system and operates a separate and exclusive bus service.

! Existing private school bus operators are unable to provide adequate, safe transportation.

! The grantee is a public body that operated school bus service prior to 1973.
2. Has the FTA administrator approved the service? ☐ Yes ☐ No
3. Is it operated only with non-federally funded equipment and from non-federally funded facilities? ☐ Yes ☐ No

## SECTION VII - LOUISIANA PUBLIC TRANSIT ASSOCIATION (LPTA) (ALL AGENCIES)

1. Are you a member of the Louisiana Public Transit Association (LPTA)? ☐ Yes ☐ No  
If no, would you like information regarding membership? ☐ Yes ☐ No
2. Are you a member of any other transportation associations? ☐ Yes ☐ No.  
If yes, which one(s)? ☐

## SECTION VIII – ACCESSIBILITY (ALL AGENCIES)

Titles II and III of the American with Disabilities Act of 1990 (ADA) provide that no entity shall discriminate against an individual with a disability in connection with the provision of transportation service. The law sets forth specific requirements for vehicle and facility accessibility.

*NOTE: The Americans with Disabilities Act of 1990 (ADA) requires that persons with disabilities receive the same level of service from a transportation system as a non-disabled person. (Refer to pg. 10 and exhibit 6 in Red Book)*

1. Is your agency in compliance with the ADA requirement reflected above? ☐ Yes ☐ No.
2. Have any complaints of discrimination due to disability been received from riders or employees? ☐ Yes ☐ No. If yes, please describe the complaints. What is the process to resolve the complaints?  
\_\_\_\_\_

## SECTION VIII - ACCESSIBILITY (Cont=d) (ALL AGENCIES)

3. Are facilities accessible? ☐ Yes ☐ No
4. In reference to your lift equipment, have you implemented the following service provisions required by ADA?
- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Maintenance of accessible features     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Procedures to ensure lift availability | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Lift and securement use                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Announced stops                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
5. If you do not have lift-equipped vehicles in your inventory, do you have a written agreement with another provider in your service area to provide a lift-equipped vehicle when needed?  
☐ Yes ☐ No. If yes, provide the agency name and telephone #: \_\_\_\_\_
6. Provide a brief description as to how persons with disabilities (persons using wheelchairs, have visual or hearing impairments, etc.) schedule a ride. \_\_\_\_\_
- A. If the procedures are different for a non-disabled person, please explain. \_\_\_\_\_
- B. Have you ever refused transportation for the disabled? ☐ Yes ☐ No If so, why? \_\_\_\_\_
- C. Does your office have a telephone with TDD capability? ☐ Yes ☐ No Is the system=s TDD number printed on all public materials where your voice telephone number appears? ☐ Yes ☐ No
7. Are brochures, application forms, rider handbooks, and occasional bulletins available in alternative formats upon request? ☐ Yes ☐ No  
**Note:** ADA requires public information to be made available in alternative formats upon request. Examples of alternative formats include large type, audio-tapes, and Braille.
8. A. Do you have a person(s) in your agency who is certified in (PASS) Passenger Service and Safety procedures? ☐ Yes ☐ No. If yes, list who? \_\_\_\_\_
- B. Have all of your drivers received PASS training? ☐ Yes ☐ No If yes, provide the date and the number of drivers trained.
- C. Do drivers provide passengers with assistance on ramps, lifts, and with securement devices?  
☐ Yes ☐ No
- D. How do you monitor drivers to ensure that they comply with ADA requirements? \_\_\_\_\_  
(Examples: Follow-up on complaints, ghost riders, road supervision, ADA advisory committee.)
- E. Do you permit individuals who do not use wheelchairs to use lifts? ☐ Yes ☐ No  
(ADA requires operators to deploy lifts for standees upon request)
- F. What is your policy regarding service animals? \_\_\_\_\_
- G. Do you provide service to persons using respirators or portable oxygen? ☐ Yes ☐ No

## SECTION VIII - ACCESSIBILITY (Cont=d) (ALL AGENCIES)

H. Do you require wheelchair users to transfer to a seat? ☐ Yes ☐ No

I. What is your policy for providing service if a mobility device cannot be secured? \_\_\_\_\_  
(ADA requires that service must be provided even when a mobility device cannot be secured.)

J. What is your policy regarding the time allowed for boarding and alighting? \_\_\_\_\_

## SECTION IX - MAINTENANCE PROCEDURES (Refer to Red Book, Pgs. P-1 thru P-3) (ALL AGENCIES)

Grantees must have the managerial capability to maintain FTA-funded equipment. Grantees must have a written maintenance plan and must maintain project equipment at high level of cleanliness, safety, and mechanical soundness. Grantees must maintain all accessibility features and equipment in operating condition. Grantees must have procedures to track when preventive maintenance inspections are due and to schedule preventive maintenance inspections in a timely manner.

Grantee must have a pre-trip inspection program that addresses vehicle condition, appearance, cleanliness, and safety. Deficiencies noted in a pre-trip inspection must be repaired in a timely manner and properly reviewed by management.

Grantees must repair accessibility features promptly and take reasonable steps to continue service to persons with disabilities while repairs are being made. Grantees must maintain a file on each FTA-funded vehicle and local vehicles used for **public transportation services** (Section 5311) that contains daily logs, pre-trip inspection checklists, and repair records. Grantees must follow DOTDs preventive maintenance program unless DOTD has approved an alternative program. Grantees must use DOTD provided forms unless DOTD has approved alternative forms.

- \*1. Do you have a written vehicle maintenance plan which at least meets the minimum recommendations of the manufacturer? ☐ Yes ☐ No. If yes, attach a copy. (**Exhibit #7**)
2. In a preventive maintenance program in place for lifts and other accessibility features such as ramps?  
☐ Yes ☐ No  
(Grantees must maintain all accessibility features and equipment in operating condition.)
3. What procedures are used to track when preventive maintenance inspections are due and to schedule preventive maintenance inspections? \_\_\_\_\_  
(Grantees must have procedures to track when preventive maintenance inspections are due and to schedule preventive maintenance in a timely manner.)
4. Do you have a person in your agency who monitors your vehicle maintenance program? ☐ Yes ☐ No  
If yes, who? \_\_\_\_\_
- \*5. Are pre-trip inspections conducted? ☐ Yes ☐ No Is the DOTD pre-trip inspection checklist used?  
☐ Yes ☐ No. Please attach a copy of checklist. How often is the checklist used? \_\_\_\_\_  
***Note: Pre-trip inspections must be conducted prior to placing a vehicle in service. The pre-trip inspection must address safety, vehicle operation, lifts and other accessibility features, tie downs, appearance, and cleanliness, and passenger comfort. (Exhibit #7.1)***

## SECTION IX - MAINTENANCE PROCEDURES (Refer to Red Book, Pgs. P-1 thru P-3) (Cont=d) (ALL AGENCIES)

6. Are deficiencies noted in pre-trip inspections repaired in a timely-manner and properly reviewed by management? ☐ Yes ☐ No
7. Explain how deficiencies noted in pre-trip inspections are handled: \_\_\_\_\_
8. When a lift is found to be inoperative, is the vehicle taken out of service by the beginning of the next service day and repaired before returning it to service? ☐ Yes ☐ No. What alternative arrangements are made for riders? \_\_\_\_\_
- (Grantees must remove vehicles with inoperative lifts from service before the next day unless a backup vehicle is not available and taking the vehicle out of service would reduce the level of service.)**
9. Is the ADA equipment such as lifts, tie downs, etc. part of your pre-trip inspection checklist? ☐ Yes ☐ No. What steps are taken when equipment is missing or inoperable? \_\_\_\_\_
10. Are FTA-funded vehicles leased to subcontractors? ☐ Yes ☐ No

**(LADOTD requires grantees that lease FTA-funded vehicles to subcontractors require the lessee to adhere to DOTD=s maintenance standards.)**

- \*11. If Yes to # 11 does the lease agreement require the lessee to adhere to DOTD's maintenance standards? ☐ Yes ☐ No  
**(Exhibit #7.2 attach copy of lease agreement)**
- \*12. Does your agency maintain maintenance schedules for each vehicle? ☐ Yes ☐ No. If yes, attach a sample. **(Exhibit #7.3)**
- \*13. How are maintenance records kept? \_\_\_\_\_ **(Attach a sample. Exhibit#7.4)**

**For DOTD Program Manager Use Only:**

**Monthly Maintenance Reports: (Office Review for Site Visits)**

Month (Prior to Review Period)	Date Received	Comments/Issues

**PREVENTIVE MAINTENANCE REVIEW SHEET (FOR DOTD USE ONLY)**  
**(On-Site Review)**

**Grantee:** \_\_\_\_\_

**Vehicle:** \_\_\_\_\_

**Date File Inspected:** \_\_\_\_\_

**Reviewer:**\_\_\_\_\_

Type of Inspection	Date	Mileage	Mileage Since Last Inspection

**VEHICLE FILE REVIEW SHEET (FOR DOTD USE ONLY) (On-Site Review)**
**GRANTEE:**
**VEHICLE:**
**DATE FILE INSPECTED:**
**REVIEW:**

QUESTIONS		YES	NO
Are files in chronological order?		<input type="checkbox"/>	<input type="checkbox"/>
Do the files contain the DOTD daily log?		<input type="checkbox"/>	<input type="checkbox"/>
Do the files contain a DOTD approved pre-trip inspection checklist?		<input type="checkbox"/>	<input type="checkbox"/>
Are the Pre-Trip inspection checklists signed and dated?		<input type="checkbox"/>	<input type="checkbox"/>
Does each vehicle file contain the DOTD provided vehicle maintenance report?		<input type="checkbox"/>	<input type="checkbox"/>
For lift-equipped vehicles, do the files contain the daily pre-trip wheelchair lift safety check?		<input type="checkbox"/>	<input type="checkbox"/>
If the grantee maintains the vehicles in-house, are preventive maintenance checklists:		<input type="checkbox"/>	<input type="checkbox"/>
Completed?		<input type="checkbox"/>	<input type="checkbox"/>
Signed?		<input type="checkbox"/>	<input type="checkbox"/>
Dated?		<input type="checkbox"/>	<input type="checkbox"/>
Do the work orders fully document vehicle maintenance?		<input type="checkbox"/>	<input type="checkbox"/>
Is the date and mileage noted on each work order?		<input type="checkbox"/>	<input type="checkbox"/>
Do in-house or contracted maintenance work orders contain documentation that indicates compliance with the required services and frequencies below:			
SERVICE	FREQUENCY (Miles)	PROGRAM MANAGER (Initials/Comments)	
Oil change/filter	6000		
Lubricant	6000		
Power Steering	6000		
Rear axle	6000		
Latches (Door, Hood, Safety, Etc.)	6000		
Tires	12000		
Brake Linings	12000		
Radiator Hoses & Clamps	12000		
Spark Plugs - Tune Up	12000		
Clean Case inlet air cleaner	12000		
Fuel	12000		
PCV Valve	12000		
Drive Belts	18000		
Cooling System	24000		
Front Wheel Bearings	24000		
Automatic Transmission	24000		
Carburetor Air Cleaner	30000		
PVC Value	30000		



## SECTION X - SAFETY STANDARDS AND DRIVER TRAINING (ALL AGENCIES)

Grantees must document that drivers have a valid operator's license, have a safe driving records, and have been trained in first aid. All safety devices must be maintained in operative condition. All vehicles must be outfitted with a blood-borne pathogens kit, first-aid kit, fire extinguisher, red warning reflectors and web cutters. Drivers and passengers must wear seat belts. Smoking is prohibited on all vehicles. Drivers must focus on driving and limit distractions when vehicles are in motion.

1. Do you maintain annual documentation that verifies that all drivers have the following:

- ☐ Valid, appropriate vehicle operator's license (and current USDOT physical if driver is a CDL holder)
- ☐ Driving experience similar to those operated for the project or satisfactory completion of a training program prior to actual passenger transportation.
- ☐ Safe driving record for insurance coverage. (5 year history check)
- ☐ Training and completion in a Certified First Aid/CPR
- ☐ Training in "Defensive Driving" techniques
- ☐ Training in "Passenger Assistance and Safety@ techniques.
- ☐ Up to date Driver's Handbook
- ☐ Training in operation of lifts and other accessibility equipment
- ☐ Substance abuse training

How often do you verify this information? \_\_\_\_\_

Any other comments? \_\_\_\_\_

2. Does the pre-trip inspection address the following required safety equipment:

- ☐ blood-borne pathogen kit
- ☐ first aid kit (full)
- ☐ fire extinguisher (charge and inspection date)
- ☐ red warning reflectors
- ☐ web cutters

3. Is smoking prohibited on vehicles? ☐ Yes ☐ No

4. Briefly describe what driver training is conducted and how frequently: \_\_\_\_\_

5. Do "volunteer drivers" get the same training? ☐ Yes ☐ No

If not, what training do they receive? \_\_\_\_\_

6. Briefly describe your procedures in case of an **emergency or an accident**. How do your drivers contact you and the proper authorities? \_\_\_\_\_

What traffic accident analysis and prevention activities are undertaken? \_\_\_\_\_

## SECTION X - SAFETY STANDARDS AND DRIVER TRAINING (Cont=d) (ALL AGENCIES)

7. Have you implemented "**vehicle fire drill/emergency evacuation**" procedures for your drivers?  
☐ Yes ☐ No. If no, when will you? \_\_\_\_\_
  8. Do you utilize the training material available to you in our Training library, such as books, video tapes, etc.? ☐ Yes ☐ No.
  9. Do you have a vehicle communication system ? (check all that apply) ☐ Business Band ☐ CB  
☐ Pager ☐ Mobile/Cell Telephone ☐ Other (specify) \_\_\_\_\_
  10. Briefly describe dispatch procedures used with your communication system. \_\_\_\_\_
  11. Does each of your vehicles contain proper safety equipment? Fire extinguisher ☐ , first aid kit ☐ , triangle reflectors ☐ , protective kit for blood-borne pathogens ☐ ,and other/specify?:  
 \_\_\_\_\_. How often is the safety equipment inventoried? \_\_\_\_\_
  12. Does each Driver receive training in the use of the above listed safety equipment and First Aid/CPR **before** being assigned a route/vehicle? ☐ Yes ☐ No How often is refresher training required?
  13. Do you check drivers' records annually? ☐ Yes ☐ No
  14. Do all drivers of 15 passenger vehicles and above have a CDL license? ☐ Yes ☐ No
  15. Are passengers required to wear a seat belt? ☐ Yes ☐ No
  16. Do operations personnel receive training and retraining in crime prevention? ☐ Yes ☐ No  
 How often is training provided?
  17. Is there a safety awards and recognition program? ☐ Yes ☐ No
  18. List the type of insurance coverage maintained on your vehicle(s)? (Refer to Red Book page 13 for FTA requirements)
- |                          |               |                    |                          |
|--------------------------|---------------|--------------------|--------------------------|
| <input type="checkbox"/> | Liability     | Amount             | \$_____ (Annual Premium) |
| <input type="checkbox"/> | Collision     |                    |                          |
| <input type="checkbox"/> | Comprehensive | How many vehicles? | _____                    |
| <input type="checkbox"/> | Other         |                    |                          |

\* **Attach a copy of your current proof of insurance for each active Section 5309, Section 5310 and/or Section 5311 vehicle in your fleet. If the vehicle has been disposed to you, we do not need proof of insurance. (Exhibit #8)**

## SECTION XI - MANAGEMENT AND FINANCIAL PROCEDURES (ALL AGENCIES)

### MANAGERIAL CAPABILITY (ALL AGENCIES)

Grantees must have the managerial capability to implement the project and comply with federal and state requirements. To demonstrate managerial capability, grantees must have an adequate number of staff; maintain adequate documentation of key policies; have a systematic process for determining the number and size of vehicles for the fleet; and **submit timely, accurate, and complete monthly reports**. Grantees must have a written procedure for resolving complaints. Grantees must comply with the provisions of the special labor protection warranty (Section 5333(b)). Grantees must have procedures for managing transit service contractors to ensure that quality service is provided.

- \*1. A. Are personnel policies written and approved by an appropriate authority? ☐ Yes ☐ No.
- B. Do you have a personnel procedures manual? ☐ Yes ☐ No Are there procedures specifically written for drivers and transportation personnel? ☐ Yes ☐ No Are procedures for Americans with Disabilities Act (ADA) included? ☐ Yes ☐ No (**Exhibit # 9**)
- C. If you checked Yes to having a written personnel procedures manual, who is your approving authority?
- |   |   |
|---|---|
| <input type="checkbox"/> Board of Directors                   | <input type="checkbox"/> Executive Director |
| <input type="checkbox"/> Police Jury/Parish Council/Town/City | <input type="checkbox"/> Other              |
- \*2. Please describe your staffing and the responsibilities of key staff. Please attach a copy of the current organizational chart (**Exhibit #10**). \_\_\_\_\_.

### FINANCIAL CAPACITY (Section 5311 and JARC Only)

Grantees must have sufficient local resources to provide the required match and carry out the proposed project. At least half of the local share (25% of the 50%) must come from non-federal sources. Grantees must also have the financial management systems to account for and report on Section 5311 and 3037 assistance. Grantees must maintain financial records for at least 3 years. Grantees must submit a copy of audit findings relating to the transit program to the state. Grantees must resolve audit findings in a timely manner. Grantees must have an approved cost allocation plan that was developed in accordance with Office of Management and Budget (OMB) Circular A-87. Grantees that expend more than \$300,000 in federal funds in a year must have a single audit conducted that complies with OMB Circular A-133. Grantees must document in-kind costs used as local match for a grant.

3. **Sec. 5311 and JARC ONLY:** Do you have a separate transportation budget? ☐ Yes ☐ No  
If yes, total transit budget \$\_\_\_\_\_. Are transit revenues kept in a Transportation Revenue Fund to assure that funds received for transportation are only used for transportation expenses? ☐ Yes ☐ No
4. Do you use fare boxes? ☐ Yes ☐ No. Indicate approximate amount of your monthly fare box: \_\_\_\_\_. Do you sell prepaid passes or tickets? ☐ Yes ☐ No. Use tokens? ☐ Yes ☐ No ☐ Other? specify:\_\_\_\_\_

**SECTION XI - MANAGEMENT AND FINANCIAL PROCEDURES (Cont=d)**  
**(Section 5311 and JARC Only)**

5. If you contract with other agencies to provide transportation, how do you determine the amount to charge per trip or for the entire contract? \_\_\_\_\_
6. What are your procedures for handling cash? \_\_\_\_\_
7. Are operating expenses covered in a fiscally responsible and board-approved manner before being reimbursed by the state? ☐ Yes ☐ No
8. Were your transit program vendors paid within 30 days? ☐ Yes ☐ No
9. Have any transit employees not been paid when they were due? ☐ Yes ☐ No
10. Does at least half of the local share for operating expenses come from non-federal sources? ☐ Yes ☐ No
11. Are financial records retained for at least 3 years from the expiration date of the grant? ☐ Yes ☐ No
- \*12. **Sec. 5311 and JARC ONLY:** Are your financial records set up on a cost accrual basis of accounting? ☐ Yes ☐ No **\*Attach a copy of latest Cost Allocation Model. (Exhibit #11)**

**FOR DOTD USE ONLY: (Office Review for Site Visit)**

List sources of local funding from the Application:	Confirm Sources of local funding for operating and capital expenses during site visit:

- \*13. **Sec. 5311 and JARC ONLY:** Does your agency have written internal financial management procedures? ☐ Yes ☐ No. If yes, attach copy. **(Exhibit #12)**

**SECTION XI - MANAGEMENT AND FINANCIAL PROCEDURES (Cont=d) (Section 5311 and JARC Only)**

14. **Sec. 5311 and JARC ONLY:** Do you have a designated individual to account for billings? ☐ Yes ☐ No  
If yes, list name, title, & telephone number: \_\_\_\_\_  
**A.** Are procedures in effect to insure that the account billings are double checked by a third party? (Checks and Balances) ☐ Yes ☐ No. Describe system: \_\_\_\_\_

15. Are indirect costs charged to grants? ☐ Yes ☐ No. If yes: Have procedures been established to assure costs are not being treated as both direct and indirect? ☐ Yes ☐ No. If yes, how? \_\_\_\_\_

(Per Office of Management and Budget (OMB) Circular A-87, indirect cost are cost that are incurred for a common or joint purpose that benefits more than one cost objective and are not readily assignable to the cost objectives specifically benefited without effort disproportionate to the results achieved. Examples of indirect cost are accounting and personnel services.)

- \*16. **Sec. 5311 and JARC ONLY:** Do you use in-kind contributions for local match? ☐ Yes ☐ No  
If yes, please list all in-kind contributions and how each is documented and supported.

In-Kind Contributions	Supporting Documentation

**(Exhibit #13)**

- \*17. **Sec. 5311 ONLY:** Any charges for transit office space or facilities which you obtain in-kind or pay rent on **(NOT MORTGAGE)** are eligible for 5311 reimbursement. Do you ☐ Rent, ☐ Get in-kind? If so, please attach a copy of the latest (3 year old or less) fair market value appraisal of transit space.  
**(Exhibit #14)**

18. **ALL AGENCIES:** FTA mandates that revenues gained from a sale of a Sec. 5309, Sec. 5310, or Sec. 5311 vehicle be used in your transportation program and/or toward transportation expenses. How do you assure that these dollars are used only towards transportation expenses? (e.g. earmarked funds dedicated to transportation or revenues made from the sales of transportation equipment). \_\_\_\_\_

19. **Sec. 5311 and JARC ONLY:** How do you assure that any profits or revenues earned from charters or contract services are kept and utilized toward transportation expenses? \_\_\_\_\_

20. **Sec. 5311 and JARC ONLY:** Do you have any procurements or contracts which are over \$100,000? ☐ Yes ☐ No. If yes, did you include lobbying and debarment certifications? ☐ Yes ☐ No. Do you have any contracts which are for a period of 5 years or longer? ☐ Yes ☐ No.

**SECTION XI - MANAGEMENT AND FINANCIAL PROCEDURES (Cont=d) (ALL AGENCIES)**

21. **Sec. 5311 and JARC ONLY:** Are the reimbursement requests consistent with the general ledger and disbursement journal? ☐ Yes ☐ No
22. **Sec. 5311 and JARC ONLY:** Are costs charged to the correct budget category? ☐ Yes ☐ No  
Does the budget indicate cost breakdown of items according to federal, state and local funding share?  
\_\_\_\_\_
23. **Sec. 5311 and JARC ONLY:** Does the grantee have additional sources of program income for transportation? ☐ Yes ☐ No  
If so, from whom and what amounts (most recent year's allocation)? \_\_\_\_\_
24. **ALL AGENCIES:** Who is responsible for preparing and maintaining the monthly reports that are sent or transmitted to LA-DOTD ? \_\_\_\_\_.  
Is this person provided with the monthly reporting requirements found in the AR@ Section in the Red Administrative Handbook and/or the PDERS manual? ☐ Yes ☐ No  
Are the reports reviewed by an approving authority prior to submitting to DOTD? ☐ Yes ☐ No  
By Whom? (name, title, & telephone number) \_\_\_\_\_
25. **Sec. 5311 and JARC ONLY:** Do you maintain all FTA documents, reports, etc. on site for a minimum of 3 years after the project is closed out? ☐ Yes ☐ No If not, how long?
26. **ALL AGENCIES:** Are contract files stored in a safe physical environment? ☐ Yes ☐ No (An original or copy of all contracts should be on file).

**For DOTD Use Only: (On-Site Review)**

Are current operating and/or capital contracts on file?	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

27. **ALL AGENCIES:** Does your agency maintain property records for capital items purchased with federal/state monies? ☐ Yes ☐ No
28. **Sec. 5311 and JARC ONLY:** Do you maintain an inventory file containing the following documentation on DOTD issued computer equipment:
- A. ☐ Yes ☐ No Computer & Accessories/ Serial No. or ID No.
  - B. ☐ Yes ☐ No Adequate Insurance Coverage
  - C. ☐ Yes ☐ No Copy of Computer Agreement/Contract
  - D. ☐ Yes ☐ No Labeled FTA Property (per wording in contract)

Do you have a battery backup for the FTA computer equipment? ☐ Yes ☐ No

## SECTION XI - MANAGEMENT AND FINANCIAL PROCEDURES (Cont=d) (ALL AGENCIES)

29. Does your Sections 5310 and 5311 Vehicle Inventory file contain the following documentation and information?:

- |    |                              |                             |   |
|----|------------------------------|-----------------------------|---|
| A. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Original or a copy of Agreement/Contract      |
| B. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Original or a copy of Vehicle Title           |
| C. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Vendor Invoice/Bill of Sale                   |
| D. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Odometer Disclosure Statement                 |
| E. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Warranty information (**)                     |
| F. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Lift Information/warranties/maintenance, etc. |
| G. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Biennial Inspection by DOTD (every 2 years)   |
| H. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Physical Location Information                 |
| I. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Disposition Information (if disposed)         |

**\*\* PLEASE NOTE: FTA funded vehicle(s) have standard vehicle manufacturer and modification warranties for a period of 3 years and/or 36,000 miles. The dealership in your area (for your specific make and model) should perform all warranty repair work except for modification repairs. You were provided with information on the modification warranty when you picked up the vehicle. The modification information warranty sheet reflects telephone numbers and contact people to call if you should experience modification problems. You should always refer to this sheet, prior to repairing. This information must be made available to your transportation personnel. Keep a copy in the vehicle and in the office.**

30. Does your agency submit to DOTD an annual audit or financial report conducted by an independent CPA Firm or Legislative Auditor? ☐ Yes ☐ No.

## SECTION XII - DRUG AND ALCOHOL PROGRAM

Grantees and their contractors must have a drug and alcohol-testing program in place for all safety-sensitive employees.

**Note: It is mandatory for all Section 5311 and JARC providers to do drug and alcohol testing. Section 5310 providers must also do testing on drivers that have CDL's and operate a vehicle with the capacity to seat more than 15 people i.e. if you have 15 seats + driver a CDL is necessary. (Refer to Red Book pg.12)**

1. Do you provide a drug-free workplace? ☐ Yes ☐ No Is it written in your personnel policy?  
☐ Yes ☐ No.

2. Who is the contact person? \_\_\_\_\_

## SECTION XII - DRUG AND ALCOHOL PROGRAM (Cont'd) ALL AGENCIES

3. Who is the third-party administrator? \_\_\_\_\_
4. Do you have a contract with them? ☐ Yes ☐ No
5. Does the contract specify that they must comply with FTA drug and alcohol-testing requirements?  
☐ Yes ☐ No.
- \*6. What is the name of the drug-testing lab? \_\_\_\_\_  
**(Section 5311 and JARC attach your current Drug & Alcohol Compliance Certification)**  
**(Exhibit #15)**
7. Is the lab DHHS certified? ☐ Yes ☐ No  
The current list of certified labs can be found at <http://workplace.samhsa.gov/ResourceCenter/lablist.htm>
- \*8. Who is your Medical Review Officer (MRO)? \_\_\_\_\_ Please attach a copy of the MRO=s qualifications. **(Exhibit #16)**
9. Who provides the breath alcohol technicians (BAT) or the non-evidentiary alcohol-screening testing technicians (STTs)? \_\_\_\_\_
10. Has each BAT and/or STT been trained with a National Highway Traffic Safety Administration (NHTSA)-approved course of instruction on the methodology, operation, and calibration of the specific evidential breath-testing device (EBT) and/or saliva-testing device (SD) being used by the grantee? ☐ Yes ☐ No
11. Who is your Substance Abuse Professional (SAP)? \_\_\_\_\_
- \*12. Is the SAP a licensed professional with knowledge of and clinical experience in the diagnosis and treatment of drug and alcohol-related disorders? ☐ Yes ☐ No  
Please attach a copy of the SAP's qualifications. **(Exhibit #17)**
- \*13. Do you have a drug and alcohol policy that contains the following elements:
- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Approval by governing board with effective date indicated  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Identify of contact person designated by the employer to answer questions about the anti drug and alcohol misuse program                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Categories of employees subject to testing   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Prohibited behavior, including when the regulations prohibit the use of alcohol and drugs  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Testing circumstances for drugs and alcohol  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Testing procedures (policy should reference USDOT Regulations, AProcedures for Transportation Workplace Drug Testing Programs@ 49CFR Part 40 as amended) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Requirement that covered employees submit to testing   |                              |                             |



administered in accordance with FTA regulations

☐ Yes ☐ No

8. Description of the behavior and circumstances that constitute

## SECTION XII - DRUG AND ALCOHOL PROGRAM (Cont=d) (ALL AGENCIES)

a refusal to take a drug and/or alcohol test and a statement that a refusal constitutes a verified positive test

☐ Yes ☐ No

9. Consequences for an employee who has a verified positive test. If the grantee has a second change Policy, a description of the evaluation and treatment processes must be included

☐ Yes ☐ No

10. Consequences for an employee found to have an alcohol concentration of 0.02 or greater but less than 0.04.

☐ Yes ☐ No

Please attach a copy of your Drug and Alcohol Policy. (**Exhibit #18**)

14. Is a copy of USDOT regulation, AProcedures for Transportation Workplace Drug Testing Programs@ 49 CFR Part 40, as amended, readily available to any employee who requests a copy? ☐ Yes ☐ No

15. What positions are in the testing pool? \_\_\_\_\_

16. Are all positions safety sensitive? ☐ Yes ☐ No

17. How often are the names received for random testing from the third-party administrator?  
\_\_\_\_\_

18. Are random tests reasonably spread out during the draw period? ☐ Yes ☐ No

19. Are random tests reasonably distributed across all days and hours of service? ☐ Yes ☐ No

20. Are date and time of notification and collection documented? ☐ Yes ☐ No

21. Do you make proper post-accident determinations in regard to testing? ☐ Yes ☐ No

**Note: Fatal accidents (minimum requirements): Employers must test all surviving covered employees on duty in the vehicle at the time of the accident and any other covered employee whose performance may have contributed to the accident.**

**Nonfatal accidents (minimum requirements): Employers must test all covered employees on duty in the vehicle at the time of the accident unless the employer determines that an employee=s performance did not contribute to the accident. The employer must document the decision on who to test and not to test.**

22. If you are a 5311 or JARC agency, do you currently perform drug and alcohol testing for persons in safety sensitive positions? ☐ Yes ☐ No.

If you are the 5310 agency, do you currently test CDL drivers? ☐ Yes ☐ No

23. Who maintains the drug and alcohol testing program records? \_\_\_\_\_

24. Are they maintained in a secure location with controlled access? ☐ Yes ☐ No

## SECTION XII - DRUG AND ALCOHOL PROGRAM (Cont=d) (ALL AGENCIES)

25. Are the following records maintained for at least 1 year:

1. Alcohol test results less than 0.02 ☐ Yes ☐ No  
2. Verified negative drug test results ☐ Yes ☐ No

26. Are the following records maintained for at least 2 years:

- a) Collection process for alcohol-testing except calibration of evidentiary breath testing devices ☐ Yes ☐ No  
b) Collection process for drug testing ☐ Yes ☐ No  
c) Alcohol education and training records ☐ Yes ☐ No  
d) Drug education and training records ☐ Yes ☐ No

27. Are the following records maintained for at least 5 years:

- a) Alcohol test records with alcohol readings of 0.02 or greater ☐ Yes ☐ No  
b) Drug-test records with verified positive results ☐ Yes ☐ No  
c) Calibration documentation of evidentiary breath testing devices ☐ Yes ☐ No  
d) SAP evaluations and referrals of employees for alcohol misuse ☐ Yes ☐ No  
e) Employee compliance with recommendation of the SAP for drug use and/or alcohol misuse, including results of return-to-duty and follow-up testing ☐ Yes ☐ No  
f) SAP evaluation and referrals of employees for drug use ☐ Yes ☐ No  
g) MIS Reports ☐ Yes ☐ No  
h) Refusals ☐ Yes ☐ No

28. Does the testing laboratory only release drug tests results to the MRO? ☐ Yes ☐ No

29. Is an employee's permission obtained before releasing drug and alcohol-testing records (except to the MRO, SAP or program manager)? ☐ Yes ☐ No.

30. Are the following types of drug and alcohol tests conducted?

1. Pre-Employment (drugs only) ☐ Yes ☐ No  
2. Random ☐ Yes ☐ No  
3. Post Accident ☐ Yes ☐ No  
4. Reasonable Suspicion ☐ Yes ☐ No  
5. Return to Duty ☐ Yes ☐ No  
6. Follow-up ☐ Yes ☐ No

## SECTION XII - DRUG AND ALCOHOL PROGRAM (Cont=d) (ALL AGENCIES)

31. Are the following substances tested for:

- |                  |                              |                             |
|------------------|------------------------------|-----------------------------|
| a) Marijuana     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) Cocaine       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c) Opiates       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d) Phencyclidine | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e) Amphetamines  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f) Alcohol       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

32. Are employees who have a verified positive drug-test result or a breath-alcohol concentration of 0.04 or greater referred to the SAP for evaluation even if they are to be terminated? ☐ Yes ☐ No

33. Have all safety-sensitive employees received 60 minutes of training on the effects and consequence of prohibited drug use on the personal health, safety, and the work environment, and on the signs and symptoms that may indicate prohibited drug use? ☐ Yes ☐ No

34. When do you provide the training to new hires? \_\_\_\_\_

35. Have supervisors, who are designated to determine whether reasonable suspicion exists to require a safety-sensitive employee to undergo alcohol and/or drug testing, been provided the following training?:

- a) At least 60 minutes of training on the physical, behavioral, speech, and performance indicators of probable alcohol misuse. ☐ Yes ☐ No
- b) At least 60 minutes of training on the physical behavioral, and performance indicators of probable drug use. ☐ Yes ☐ No

36. How are vendors (e.g. collection sites, MROs) monitored to ensure compliance with program requirements?

\_\_\_\_\_

**Monitoring may include maintaining qualifications on file for MROs, SAPs, requiring vendors to comply with 49 CFR Parts 40 and 655, conducting periodic mock collections, observing a test, investigating reports by employees of flawed procedures, requiring detailed explanations for cancelled tests, and providing vendors with copies of USDOT and FTA handbooks and procedural manuals.**

37. Do you perform regular walk-through inspections of each stage of the drug and alcohol testing process?  
☐ Yes ☐ No.

### For DOTD use only: (Office Review)

MIS Reports - Year	Date Submitted
March -	

## SECTION XIII - MARKETING EFFORTS FOR TRANSPORTATION SYSTEMS (FOR SECTION 5311 AND JARC PROVIDERS ONLY)

### Planning and Marketing

#### Service Eligibility

Section 5311 funds can be used for public transportation projects in nonurbanized areas. Incidental use of a Section 5311 vehicle for non-passenger transportation on an occasional or regular basis, such as meal delivery, must not result in reduction of public transit service quality or availability. Incidental services must cover the operating cost associated with providing the services. Services may be designed to maximize use by members of the general public who are transportation-disadvantaged, including elderly persons and persons with disabilities. Coordinated human service transportation which primarily services elderly persons and persons with disabilities, but which is not restricted from carrying other members of the public, is considered available to the general public if it is marketed as public transit service.

DOTD requires that service operate at least 10 hours a day and that the grantee advertise in the local newspaper at least monthly that the service is open to the general public and operates during normal commute hours.

Grantees may provide incidental service with FTA-funded vehicles but the service must not interfere with the provision of transit service and must bear the cost of providing the service. **Grantees may not use Section 5311 assistance to provide service within an urbanized area.** Grantees may provide service to and from urbanized areas. Grantees must have a state-approved methodology for allocating costs between the urban and rural service.

1. Do you have a marketing program which includes research, service design, and promotion?  
☐ Yes ☐ No. Please describe: \_\_\_\_\_
- \*2. What components make up your marketing program? Furnish latest copies of all that apply. List dates and frequency ads are run. (**Exhibit #19**)

<input type="checkbox"/> Newspaper ads	<input type="checkbox"/> Fliers	<input type="checkbox"/> Promotions
<input type="checkbox"/> TV	<input type="checkbox"/> Posters	<input type="checkbox"/> Contests
<input type="checkbox"/> Radio	<input type="checkbox"/> Brochures	<input type="checkbox"/> Public Service Announcements
<input type="checkbox"/> Stories	<input type="checkbox"/> Other (specify) _____	
3. **Sec. 5311 Only: A.** Do you actively promote your services to riders and non-riders in an attempt to fully utilize available system capacity and promote transportation service for everyone in your service area?  
☐ Yes ☐ No  
  
**Sec. 5311 Only: B.** Describe how you promote your service to encourage ridership by elderly persons, persons with disabilities, minorities and the general public who are not your current regular users of services.  
\_\_\_\_\_
4. What types of contract and subscription service do you provide? \_\_\_\_\_  
With whom? \_\_\_\_\_
5. Do the contracts and subscription service interfere with the provisions of public transit? ☐ Yes ☐ No

**SECTION XIII - MARKETING EFFORTS FOR TRANSPORTATION SYSTEMS (Cont=d  
(FOR SECTION 5311 AND JARC PROVIDERS ONLY)**

6. Have you had to deny public transit trips because the contracts and subscription service utilized all available capacity? ☐ Yes ☐ No  
If yes, how often? \_\_\_\_\_

7. Enter the ridership data from the last 4 monthly reports in the tables below:

PROGRAMS/CONTRACTS	PASSENGER TRIPS
III B Elderly	
Head Start	
Welfare To Work	
Job Access/Reverse Commute	
Fine Work (Project Independence)	
Contract (List type of Contract)	
Contract (List type of Contract)	
General Public	
General Public	
<b>TOTAL</b>	

CATEGORY OF RIDERS	TOTAL
60+	
< 60	
Disabled	

8. Do you provide service to the general public at least 10 hours a day? ☐ Yes ☐ No  
Is the service available during normal commute times? ☐ Yes ☐ No
9. **JARC ONLY:** A. Do you actively promote your services to riders and non-riders in an attempt to fully utilize available system capacity and promote transportation services for employment purposes?  
☐ Yes ☐ No

**SECTION XIII - MARKETING EFFORTS FOR TRANSPORTATION SYSTEMS (Cont=d  
(FOR SECTION 5311 AND JARC PROVIDERS ONLY)**

**JARC ONLY:** B. Describe how you promote your service to encourage ridership for employment purposes:

\_\_\_\_\_

- \*10. Attach a copy of your system=s written transportation service policy. How often is it updated? \_\_\_\_\_  
Indicate date of preparation \_\_\_\_\_ (**Exhibit #20**)
11. Briefly describe how you publicize your fare schedule and service policy: \_\_\_\_\_
12. **Sec. 5311 Only:** Services are to be available to general public, elderly persons, and persons with disabilities. Vehicles which are used for Section 5311 transportation must be labeled "**PARISH PUBLIC TRANSIT**" or have the **Louisiana Transit Logo**. They must also be labeled with the Public Transit telephone number on each side of the vehicle. Do your vehicles display this information?  
☐ Yes ☐ No.
- \*13. **Sec. 5311 Only:** Is the "Parish Public Transit" telephone number in the telephone directory?  
☐ Yes ☐ No If yes, attach a xerox copy as (**Exhibit #26**) of that phonebook page. If your Public Transit telephone number is included in the attachment found in **Exhibit #5**, do not duplicate attachments.
14. Is your public transportation phone number a free call from anywhere in your service area?  
☐ Yes ☐ No. Explain: \_\_\_\_\_
15. Does the agency answer the phone in such a way that the general public knows that it has contacted a Public Transit Provider? ☐ Yes ☐ No
16. Has marketing and promotion had an effect on your agency ridership? ☐ Yes ☐ No  
Describe impact: \_\_\_\_\_
17. Does your transit system have any video/audio tape, slide show information or brochures available for interested parties? ☐ Yes ☐ No If yes, list the information available: \_\_\_\_\_
18. Do you as a provider understand that marketing is more than advertising? ☐ Yes ☐ No.  
Comments: \_\_\_\_\_
19. Does your service have a current survey or an analysis of rider and non-rider attitudes? ☐ Yes ☐ No  
How often do you survey the general public=s attitude? \_\_\_\_\_

**SECTION XIII - MARKETING EFFORTS FOR TRANSPORTATION SYSTEMS (Cont=d)  
(FOR SECTION 5311 AND JARC PROVIDERS ONLY)**

20. What data do you collect on a regular basis and use in the marketing process?
- ☐ Drug & Alcohol-Free Workplace Policy & Testing
  - ☐ Vehicle Cleanliness
  - ☐ Cost, Revenue, and Number of Riders
  - ☐ Rider Comments
  - ☐ Rider Requests for Information
  - ☐ Promptness & Reliability
  - ☐ Safety Record
  - ☐ Courtesy
  - ☐ Driver Skill - AAA Driving / PASS Training etc.
  - ☐ Other (list) \_\_\_\_\_
21. Have you advertised at least monthly in the local newspaper that the service is for use by the general public and operates during regular commute hours? ☐ Yes ☐ No.
22. Do you provide meal delivery or other incidental services? ☐ Yes ☐ No. If yes:  
A. How many meals or other incidental service do you deliver? \_\_\_\_\_  
B. At what times of the day? \_\_\_\_\_  
C. Do the services interfere with the provision of transit service? ☐ Yes ☐ No.  
D. Do the incidental services bear the costs of the service? ☐ Yes ☐ No.
23. Do you provide any service with an urbanized area (population > 50,000)? ☐ Yes ☐ No  
If yes, please describe the service: \_\_\_\_\_  
Do you use Section 5311 assistance to support the service? ☐ Yes ☐ No  
How do you allocate cost between the urbanized and non-urbanized area service?  
\_\_\_\_\_

**Note: Grantees may not use Section 5311 assistance to provide service within an urbanized area. Grantees may provide service to and from urbanized areas. Grantees must have a state-approved methodology for allocating cost between the urban and rural service.**

**SECTION XIV - TITLE VI COMPLIANCE (ALL AGENCIES)**

The Federal Transit Administration and the State of Louisiana prohibit discrimination on the grounds of race, color, national origin, sex, age, physical or mental disability, or religion in the delivery of transit services. We also prohibit discrimination on the grounds of low-income status. Title VI complaints must be reported to DOTD within 24 hours of receipt of the complaint.

1. What is the racial make up of your service area? \_\_\_\_\_
2. Do you provide service to areas with minority populations? ☐ Yes ☐ No  
Is it the same level and quality of service that is provided areas without minority populations?  
☐ Yes ☐ No Please describe your efforts to provide service to areas with minority populations: \_\_\_\_\_

## SECTION XIV - TITLE VI COMPLIANCE (ALL AGENCIES) (Cont=d)

3. Have you ensured that decisions on the transportation services are made without regard to race, color, creed, national origin, sex, age, or disability? ☐ Yes ☐ No

4. Are there any active lawsuits and complaints against your agency? ☐ Yes ☐ No

If Yes, please list all complaints alleging discrimination in the delivery of service that were reported since last review. Follow-up on the status of the complaints.

Complaint Description	Date Filed	Status

### For DOTD Use Only: (On-Site Review)

Do the complaints allege that the grantee discriminates in the delivery of service?	9 Yes 9 No
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5. How were the complaints identified resolved? \_\_\_\_\_

6. Have these lawsuits and complaints been reported to LADOTD Public Transportation Section.  
☐ Yes ☐ No (Title VI require all lawsuits and complaints be reported to LADOTD).

\*7. Have you adopted the DOTD recommended Title VI complaint procedures? ☐ Yes ☐ No  
(**Exhibit #21** attach a copy of your complaint resolution process)

8. Were the procedures approved by the board? ☐ Yes ☐ No  
(**The board must adopt the Title VI complaint procedures**)

9. How are individuals and advocacy groups provided opportunities to participate in the transit planning and decision-making processes without regard to race, color, creed, national origin, sex, age disability, or marital status? \_\_\_\_\_

10. Have citizens or advocacy of these groups expressed a need for transportation improvements?  
☐ Yes ☐ No If yes, please describe: \_\_\_\_\_

11. How do you promote your service to minority populations? \_\_\_\_\_



## SECTION XIV - TITLE VI COMPLIANCE (ALL AGENCIES) (Cont=d)

- \*12. Please provide a copy of the materials used to promote your service to minority populations.  
(**Exhibit #21.1**)

1. What is your total number of passengers per day? \_\_\_\_\_  
Of that number, how many are minorities? \_\_\_\_\_

2. Check all that applies that describe your organization:

☐ Minority Operated ☐ Minority Owned ☐ Minority Service

## SECTION XV - EQUAL EMPLOYMENT OPPORTUNITY (EEO) (ALL AGENCIES)

Grantees may not discriminate against any employees or applicant for employment because of race, color, creed, national origin, sex, age, or disability. Grantees must take affirmative action to ensure that applicants are employed and that employees are treated during employment without regard to race, color, creed, national origin, sex, or age. Grantees must post in conspicuous places and make available to employees and applicants for employment notices setting forth an EEO policy. The grantees executive director should designate an EEO officer and adequate staff to administer the program. The EEO officer should be an executive that reports directly to the CEO on EEO matters.

1. Who is responsible for ensuring that EEO obligations are fulfilled? \_\_\_\_\_  
(The executive director should designate an EEO officer and adequate staff to administer the program. The EEO officer should be an executive that reports directly to the CEO on EEO matters.)
2. Have you posted an EEO statement in a conspicuous place? ☐ Yes ☐ No  
(An EEO Statement must be posted in an conspicuous place where employers and applicants will see it)
- \*3. Do your job postings have an EEO statement? ☐ Yes ☐ No (**Exhibit #22 Sample job posting**)
- \*4. Is an EEO policy included in your personnel policies and/or employee handbook? ☐ Yes ☐ No  
(**Exhibit #23 Copy of personnel policy**)
- \*5. Are EEO statements included on your job applications and employment notices? ☐ Yes ☐ No  
(**Exhibit #24 Sample job application and employment notices**)
6. If requested, were reasonable accommodations made for hiring a person with disabilities in accordance with Title III of the ADA? ☐ Yes ☐ No
7. Were any EEO complaints received this past fiscal year (2004-2005) ☐ Yes ☐ No  
If yes: Describe the complaint and how it was resolved: \_\_\_\_\_
8. What is the process for handling and resolving such complaints? \_\_\_\_\_

## **SECTION XV - EQUAL EMPLOYMENT OPPORTUNITY (EEO) (Cont'd) (ALL AGENCIES)**

9. Does your agency provide equal employment opportunities to persons without regard to race, color, creed, national origin, or sex? ☐ Yes ☐ No How do you make this known? \_\_\_\_\_

## **SECTION XVI - SUSPENSION/DEBARMENT (Section 5311 and JARC Only)**

Grantees are prohibited from contracting for goods and services from individuals or organizations that have been suspended or debarred from receiving federally assisted contracts. Grantees awarded grants exceeding the federal small purchase threshold, currently **\$100,000**, must obtain a certification from contractors awarded contracts in excess of the federal small purchase threshold stating that they are not suspended or debarred from receiving federally assisted contracts. Grantees must provide immediate written notice to DOTD for reporting to FTA if they learn that their certification or the certification of any contractors is no longer valid.

The Government Services Administration publishes the List of Parties Excluded From Federal Procurement and Non Procurement Programs. Grantees can search the list on the Internet at <http://epls.arnet.gov>.

Please answer the following questions only if you received a grant that exceeded \$100,000.

1. Since submitting the certifications to DOTD, have you learned that your certification or the certifications of any of your contractors were erroneous when submitting or have become erroneous by reason of changed circumstances? ☐ Yes ☐ No If yes, did you submit a written notice to DOTD?  
☐ Yes ☐ No
2. Has there been any procurements exceeding \$100,000 within the last year? ☐ Yes ☐ No If yes, was the required certification clause included in all procurements exceeding \$100,000.  
☐ Yes ☐ No.

## **SECTION XVII - LOBBYING (SECTION 5311 AND/OR JARC ONLY)**

Grantees and contractors may not use federal appropriated funds to pay for influencing or attempting to influence an officer or employee of any federal department or agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any federal grant, cooperation agreement, or any other federal award. The restrictions do not apply to influencing policy issues, only to influencing the award of a grant or a contract. Recipients of grants and contracts exceeding \$100,000 must certify that they have not and will not use federal appropriated funds to pay for lobbying. Grantees certify to DOTD. Contractors certify to the grantee.

Grantees and contractors may use nonfederal funds for lobbying. Recipients of a grant or contract that exceeds \$100,000 that is paid for in whole or in part with federal funds must file an initial disclosure form (standard for ILL) if they use nonfederal funds for lobbying and must submit the form every calendar quarter in which there was a cumulative increase of \$25,000 or more in the amount paid or expected to be paid for lobbying; a change in the person lobbying; or a change in the officer(s), employee(s), or member(s) lobbied to. Grantees must forward all disclosure forms of contractors and subcontractors to the state for reporting to FTA.

Please answer the following questions only if you received a grant that exceeded \$100,000.

1. Do you have any procurements that exceed \$100,000? ☐ Yes ☐ No If yes, did you obtain signed lobby certifications with the bid from bidders for contracts greater than \$100,000? ☐ Yes ☐ No
2. Have federal funds been used for lobbying in connection with obtaining any Federal grant, cooperative agreement, or any other Federal award? ☐ Yes ☐ No
3. Have you or any of your contractors used non-Federal funds for lobbying in connection with obtaining any Federal grant, cooperative agreement, or any other Federal award? ☐ Yes ☐ No  
If yes, has the initial Standard Form LLL been submitted to the state for reporting to FTA?  
☐ Yes ☐ No

## **SECTION XVIII - DISADVANTAGED BUSINESS ENTERPRISES (DBE) (Section 5311 Only)**

Grantees must not discriminate on the basis of race, color, creed, national origin, or sex in the award and performance of FTA-assisted contracts. Grantees must provide disadvantaged business enterprises (DBEs) the maximum opportunity to compete for and receive contracts and subcontracts financed in whole or in part with federal funds.

1. Did the grantee have any DBE activities to report since last review? ☐ Yes ☐ No. If yes, please attach a report. (**Exhibit #25**)
2. What good faith efforts have been taken to ensure that DBEs have the maximum opportunity to compete for and receive contracts and subcontracts financed in whole or in part with FTA funds? Example of good faith efforts include advertising in newspapers that serve minority vendors, maintaining a list of minority vendors, and contacting other agencies for potential DBE contractors. \_\_\_\_\_
3. Do you have the current DOTD listing of certified DBE firms? ☐ Yes ☐ No. A copy of DBE certified contractor can be found at <http://www.dotd.state.la.us/lettings/subsdbed/dbhq20030430.shtml>
4. Were any DBE complaints received since the last review? ☐ Yes ☐ No. If yes, describe the complaint and how it was resolved. \_\_\_\_\_

## **SECTION XIX - PROCUREMENT (SECTION 5311 and JARC ONLY)**

Grantees shall use their own procurement procedures that reflect applicable State and local laws and regulations, provided that the process ensures competitive procurement and that the procurement conforms to applicable Federal law including 49 CFR Part 18, specifically Section 18.36 and FTA Circular 4220.1E, AThird Party Contracting Guidelines.@ Grantees shall maintain records detailing the history of each procurement. (See state Procurement Handbook at [www.state.la.us/osp](http://www.state.la.us/osp) for State Purchasing Regulations).

Grantees must obtain prior state approval for purchases of equipment and transportation service contracts.

**SECTION XIX - PROCUREMENT (SECTION 5311 and JARC ONLY) (Cont=d)**

1. What are the procedures and dollar threshold for sealed bids? \_\_\_\_\_
2. What are the procedures for purchases that do not require sealed bids? \_\_\_\_\_
3. Do the procedures for purchases over \$2,500 provide for free and open competition? ☐ Yes ☐ No
4. Please list all procurements in excess of \$2,500 within the last year:

<u>Item</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

5. Was state approval obtained for all procurement over \$2,500? ☐ Yes ☐ No
6. Was state approval obtained for all contracts for transportation services? ☐ Yes ☐ No
7. Do all procurements in excess of \$2,500 and transportation service contracts include all federally required clauses? ☐ Yes ☐ No

**For DOTD Use Only: (On-Site Review)**

**PROCUREMENT FILE REVIEW SHEET**

<b>Grantee:</b>	<b>Amount:</b>
<b>Contract Number:</b>	<b>Purpose:</b>
<b>Award Date:</b>	<b>Number of bids received:</b>
<b>Awarded to:</b>	<b>Date file Inspected:</b>

	Yes	No
Does the file contain an index or checklist of items required?	<input type="checkbox"/>	<input type="checkbox"/>
Does the file contain the invitation for bids or the request for proposals?	<input type="checkbox"/>	<input type="checkbox"/>
Does the file contain the notices and advertisement?	<input type="checkbox"/>	<input type="checkbox"/>
Does the file include all bids received?	<input type="checkbox"/>	<input type="checkbox"/>
Does the file document the evaluation and the results of the evaluation?	<input type="checkbox"/>	<input type="checkbox"/>
Does the file contain a signed contract?	<input type="checkbox"/>	<input type="checkbox"/>
If the procurement was a sole source, single bid, brand name, or award to other than low bidder, does the procurement file contain a justification for the award?	<input type="checkbox"/>	<input type="checkbox"/>
Do the files contain a cost or price analysis?	<input type="checkbox"/>	<input type="checkbox"/>
Do the files indicate that the grantee ensured that goods and services were received?	<input type="checkbox"/>	<input type="checkbox"/>
Does the file include all contract modifications and amendments?	<input type="checkbox"/>	<input type="checkbox"/>
Does the file contain copies of all correspondence with the vendor?	<input type="checkbox"/>	<input type="checkbox"/>
Does contracts include all federal clauses for procurement?	<input type="checkbox"/>	<input type="checkbox"/>



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**LA-DOTD PUBLIC TRANSPORTATION SECTION**

**FTA SECTION 5309, 5310, 5311, AND/OR SECTION 3037**

**ANNUAL COMPLIANCE REVIEW**

**INFORMATION VERIFICATION**

\_\_\_\_\_ (AGENCY NAME) declares that the statements made throughout this document are true and correct to the best of our knowledge.

**Authorized Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**SUMMARY OF CORRECTIVE ACTIONS**  
**(FOR DOTD USE ONLY)**

Finding	Corrective Action	Response	Response Days/Date	Comment	Date Closed



**SITE VISIT  
ATTENDANCE SHEET**

NAME	TITLE	PHONE	EMAIL

**\*\*FOR DOTD USE ONLY**